

Director / Health Officer



Northwest Bergen Regional Health Commission

20 West Prospect Street Waldwick, New Jersey 07463 Telephone (201) 445-7217 | FAX (201) 445-4001 info@nwbrhc.net| www.nwbrhc.org

2024 Temporary Event License Application for Midland Park

- 1. Filing of this application does NOT authorize the applicant to start operating; the application MUST be approved by the Health Department and a license MUST be issued. ALL information must be filled out.
- 2. The operator and employees must observe ALL applicable codes, ordinances, rules and regulations of the local Health Department and the NJ State Department of Health; and is subject to and must cooperate with periodic inspections.
- 3. All vendors must provide a copy of their Health Department license AND a copy of their last health inspection posting and/or placard.

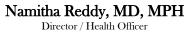
I/We herewith, am/are applying for a TEMPORARY HEALTH DEPARTMENT LICENSE FOR 2024.

Temporary Retail Food, 1-3 Days \$25

Temporary Retail Food, 4-7 Days \$50

EVENT INFORMATION

Event Name:	
Event Location:	
Event Date(s):	Event Time:
Event Contact Person:	Event Contact Phone:
Sponsoring Agency Name:	
Sponsoring Agency Address:	
LICENSEE INF	ORMATION (Retail Food Provider)
Vendor/Business Name:	
Vendor/Business Address:	
Contact Name:	Contact Phone:
Contact Email Address:	Contact Website:
CERTIFIED FOOD HA	ANDLER INFORMATION (IF APPLICABLE)
Name:	Expires:
Name:	Expires:





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FOOD INFORMATION

List ALL foods and beverages to be served and where they wil please indicate your Commissary (if foods are not prepared or prohibited .		
Bare hand contact with ready to eat foods is prohibited. Pleas serve ready to eat foods.	e indicate the method that will	be used to assemble, prepare and
Facilities must be provided for workers to wash their hands. P	lease indicate how employees v	vill be able to wash their hands
Facility must provide for cleaning and sanitizing of any food cohow that will be accomplished.	ontact surfaces, including equipi	ment and utensils. Please advise
PAYMENT	INFORMATION	
**Please make checks payable to "NWBRHC" (Northwest Beapplication with payment to NWBRHC, 20 West Prospect Str	rgen Regional Health Commissi	on) and mail completed
I am/we are aware of the requirements of the State and Munithereby.	icipal Board of Health regulation	ns and agree to be governed
Date:/ Print Name: Signature:		
C .	ice Use Only	
Date Received:	2024 License# Issued:	Delivery Method:
Cash / MO#:	Check#:	Receipt#:
Fee: \$	Late Fee: \$	Total Amount Paid: \$